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Bib Data Sheet

CONFIRMATION NO. 9573

<b>SERIAL NUMBER</b> 09/941,681	<b>FILING OR 371(c) DATE</b> 08/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2169	<b>ATTORNEY DOCKET NO.</b> 58511-019
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## APPLICANTS

Christian Mayaud, Bronxville, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/121,596 07/24/1998  
 which is a CON of 08/942,372 10/02/1997 PAT 5,845,255  
 which is a CON of 08/330,745 10/28/1994 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 09/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

53437

## TITLE

COMPUTERIZED PRESCRIPTION SYSTEM FOR GATHERING AND PRESENTING INFORMATION  
 RELATING TO PHARMACEUTICALS

<b>FILING FEE RECEIVED</b> 3746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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